

... case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Globe  
or Globe  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 187  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 257

2. Full name of child Cecil Lee Cox  
No. Tombs Addition St. \_\_\_\_\_ Ward \_\_\_\_\_  
If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births.  
4. Twin, triplet or other. \_\_\_\_\_  
5. No., in order of birth. \_\_\_\_\_  
6. Legitimate? Yes  
7. Date of birth 12 26 26  
Month day year

3. FATHER  
Full name Samuel J. Cox  
9. Residence (Usual place of abode) Tombs Addition  
If nonresident, give place and state

14. MOTHER  
Full maiden name Bertha Drake  
15. Residence (Usual place of abode) Tombs Addition  
If nonresident, give place and state

10. Color or race White  
11. Age at last birthday 58 (Years)

16. Color or race White  
17. Age at last birthday 41 (Years)

12. Birthplace (city or place) Lexington, Va.  
(State or country)

18. Birthplace (city or place) Codell, Kansas  
(State or country)

13. Occupation  
Nature of industry Mechanic

19. Occupation  
Nature of industry H.W.

20. Number of children of this mother (a) Born alive and now living 9  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_  
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 A. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Signature G. E. W. ... M.D. (Physician or midwife)  
Address Globe, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed 12-31 1926 \_\_\_\_\_  
Local Registrar.

Registrar. \_\_\_\_\_  
County Registrar.

337-1226-215